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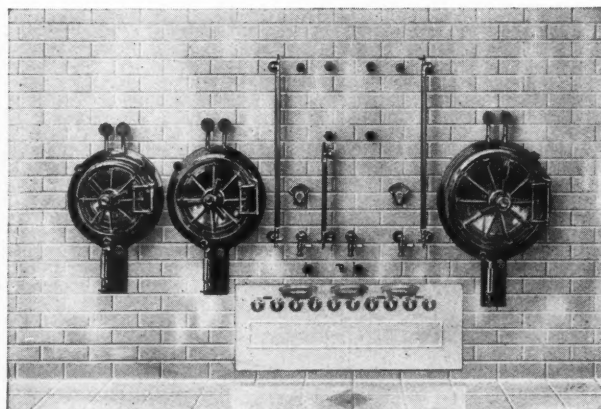
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C A S T L E

S T E R I L I Z E R S

Please refer to *THE CANADIAN HOSPITAL* when writing

An Analysis of the Complexities of Hospital Construction

By B. EVAN PARRY, F.R.A.I.C.
Parry & Smith, Architects, Toronto

(PART 2 OF SERIES)

Function and Principle

AS already stated in my previous article, a study of the requirements of the hospital must be made the basis of the plans and the calculation of the hospital accommodations. By studying the function of the different hospital departments it is possible to learn the correct principles on which to plan the hospital. The modern hospital is not purely an architectural creation; the structure of its buildings must be determined by the needs of its function. Those who are best acquainted with these functions are the people who work in the hospital.

Status of Architect

With this conception in mind it is possible to give the architect his status in undertaking a building programme. It must never be lost sight of that the architect is entrusted with undertakings involving financial responsibilities in which his honesty of purpose must be above suspicion. He acts as professional advisor to his clients; he is charged with the exercise of judicial functions as between clients and contractors, and must act with entire impartiality; finally, he is engaged in a profession which carries with it grave responsibility to the public.

Consulting Service

The practice of engaging architects resident in the locality wherein the project is situate, sometimes prevents the possibility of securing knowledge and advice based upon experience and research. These latter qualifications are only to be obtained from architects who have specialized upon hospital planning and construction, and further, those who have had the privilege and opportunity of being in close touch with the developments which have been and are taking place every day consequent upon the progress of medical science.

Therefore if local conditions are such that local architects, not conversant with hospital design, must be engaged, it is advisable and certainly economical to also engage an architect as consultant to work in association with such local architect.

This method of association is being practised with success, not only by hospital authorities, but also by most of the prominent executives of business to-day.

Professional Services

In succinct form the architect's professional services consist of the necessary conferences, the preparation of preliminary studies, working drawings, specifications, large scale and full size detail drawings, the drafting of forms of proposals and contracts, the issuance of certificates of payment, the keeping of accounts, the general administration of the business, and supervision of the work until completion.

On all work except the simplest, it is to the interest

of the Board of Trustees that a Clerk of the Works be employed. The supervision of the work of the architect is to be distinguished from the continuous personal superintendence to be obtained by the employment of an experienced man for this position. The Board of Trustees would be well advised in engaging the clerk of the works fairly early in the deliberations on the construction programme, so that he may journey, so to speak, stage by stage during the course of preparation of the plans and specifications.

Engineering Specialists

In the many engineering problems inseparably involved in hospital construction it is to the advantage of the board to have special experts. The experience and special knowledge of the architect make it to the advantage of the board that these persons, although paid by the owner, should be selected by the architect under whose direction they are to work.

Selection of Site

Having reviewed the architect's relations to the Board of Trustees, hospital directors, heads of staffs, and others interested in the building programme of a hospital, as also his status, duties and obligations in a general way, it is well to commence to be more specific as regards the different phases involved. Therefore the selection of the site may be taken first.

The problem of the location and site of a new hospital should be approached without prejudice by all those concerned, since there are many conditions which will tend to warp judgment, and consequently instrumental in leading to a decision on the grounds of expediency or fancied economy, both of which may in the end prove unsound, and incidentally prevent future growth and necessary expansion. Many architects engaged in hospital planning realize only too well that frequently the selection of a site is generally made before he is consulted, which practice cannot be too strongly condemned.

The first thing the architect must consider is the type and character of the hospital. Many other factors must be reviewed, such as accessibility, economy of time, travel, etc., all of which must necessarily receive special consideration in consultation with the various persons interested, since when choosing a site one must consider not only the location ideal from the point of view of the patient, but its accessibility for patient, doctor, nurse and service. It is important to remember that the location of a hospital is the only part of the plan that is permanent. Buildings and equipment are temporary in comparison.

One very important point so often lost sight of is the advisability, and more often than not, the necessity of having test borings made on the site for the purpose of

determining the foundations of the building, as also the potentialities of efficient drainage.

Determination of Plan

The next procedure in sequence, is the determination of the plan of the building, the character of its units and of its parts. This will be governed in a large measure by the conferences which have already taken place with the Board of Trustees, the Hospital Director, and heads of the various departments, being finally determined by administrative principles.

To-day physical unity of departments is recognized as desirable, but at the same time they should not be too widely separated, in order to secure co-relation and co-ordination in their work.

Preliminary Drawings

The architect, with the comprehensive data which has been evolved, before him, proceeds with the preliminary drawings, giving due consideration to the principles involved, as also co-ordination and flexibility of plan.

During this stage of the proceedings it is essential that the consulting engineers be brought into the field of study and work in close association with the architect by advising upon the technique of the engineering services. Such services include structural steel, reinforced concrete, heating, ventilation, electric lighting and power, as also the specialties incidental to engineering problems of the modern hospital.

Conferences with Hospital Executives

The architect once having arrived at a tentative conclusion in his plans, the next procedure is to again call for conferences, which by the way will be many, with the Board of Trustees and the hospital executives. At these conferences the "pros and cons" of plan, design and cost can be discussed and reviewed, the latter receiving very careful consideration both in regard to capital expenditure and maintenance charges.

When the preliminary drawings have been revised so as to embody the various requirements, which have been developed at the conferences before referred to, and further approved by the Board of Trustees through the building committee, the architect may then be sent on his way to proceed with the working drawings.

Plans and Specifications

To ensure satisfactory building operations, it is of paramount importance that both the plans and specifications should cover every point that may arise in the construction programme. If this is not done, either through lack of knowledge or incompetence, more often than not serious disagreements may arise which are most harmful to the project, causing delays, and sometimes extra cost without justification.

The specifications are exceedingly important, since they must describe and include everything in the contract accurately and completely. To do this the architect requires specialized experience, a thorough knowledge of materials, hospital equipment, furnishings and their proper use.

Selection of Materials

The selection of materials has an important bearing on hospital construction, and it may be justifiable to spend twice as much per unit for one hospital than for another,

provided the expenditure can be shown directly or indirectly to yield results.

The working drawings referred to previously, together with the scale and detail drawings and specifications, comprise the contract documents, and the tenders of the contractors are based thereon. Too much emphasis cannot be put upon the necessity of these documents either showing or specifying every item to be included in the construction of the building, whether in the contract or not.

Separate Plans for Engineering Services

The working plans should include those for all the engineering services, it being the general practice to prepare separate plans for the various phases involved.

Tenders

With the working plans and specifications completed, it is now possible to call for tenders from the building con-



It is of paramount importance that both the plans and the specifications cover every point that may arise in the construction programme. If this is not done serious disagreements and delays may result.



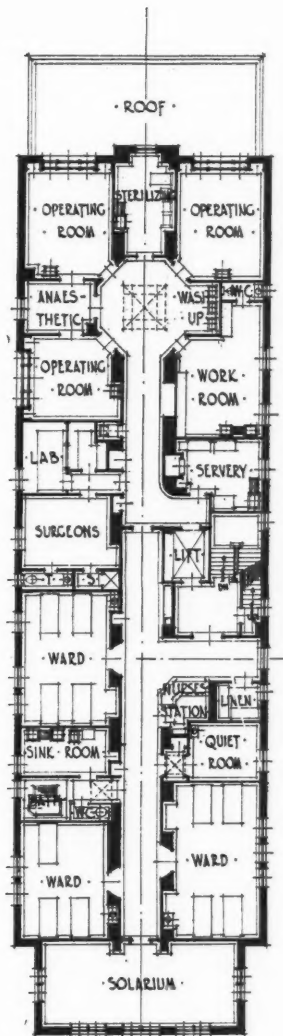
tractors, such tenders being based upon the information contained in the said plans and specifications. Facilities are afforded in the architect's office for the building contractors to obtain information and interpretation of the plans and specifications when and where desired. This procedure is very necessary, since what may be perfectly clear to one may be somewhat obscure to another.

The period of time given for the preparation of the tenders is governed by the magnitude or otherwise of the job.

Tenders may be called for in a number of ways. Cost plus is one. This provides that the building costs are tabulated from time to time as the work proceeds, certified by the architect and an agreed percentage added for overhead and the contractor's profit. The separate trades form of contract is another way; separate tenders being asked for all trades, and yet another is that of calling for tenders including all trades. The latter is the more usual way in recent years. However, there are certain advantages, as also disadvantages, in the separate trade form of tender, since sometimes it is preferred and even advisable for the architect to have direct control over certain trades.

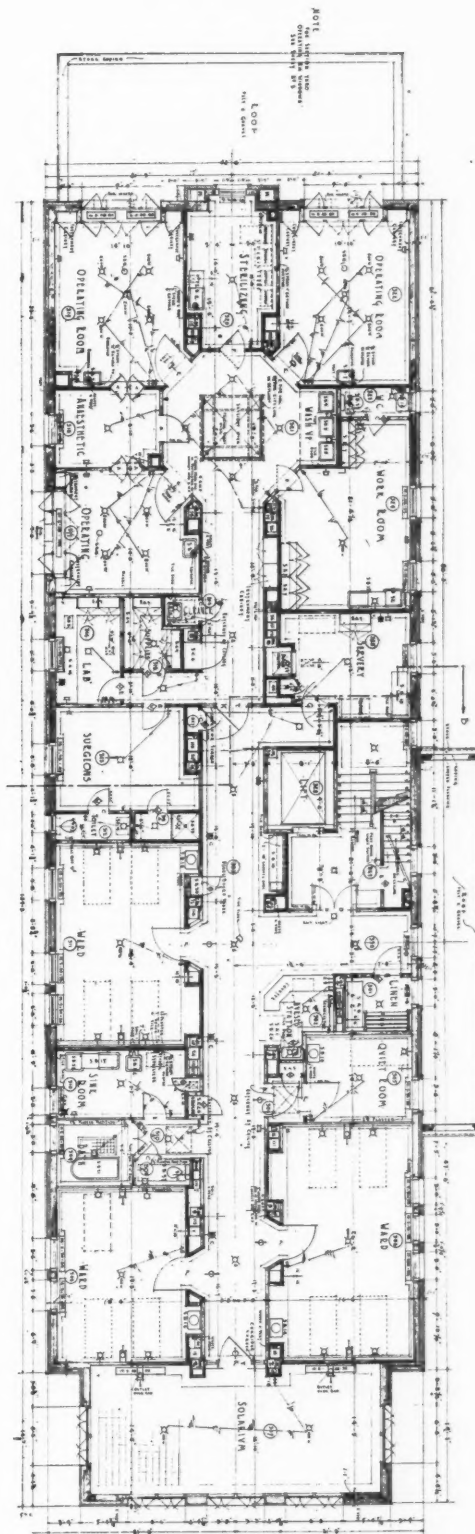
Let it be borne in mind that there is no right or wrong in this matter of form of tender, therefore it is best to take one's architect's advice on such a question. It is a matter of using the best method to suit the requirements of the particular project.

The tenders are basis of the contract amount, except of course with the cost plus form, whereby it is not possible to state a definite sum sufficiently reliable to be the basis of a contract. A wide variation between the lowest and highest tenders is not unusual, and will probably in-



Preliminary Drawing.

These illustrations
indicate the difference
between sketch
and
working drawings.



Working Drawing.

dicating a misinterpretation of the specifications or drawings, or an error in the tenders. A careful check of the tender which is to be accepted is made before awarding the contract, which is drawn by the architect and signed by the owner and building contractor. It is generally advisable for the owner to bond the contractor for a considerable percentage of the amount of the contract. This system of competitive tendering assures the owner of getting the best possible price consistent with good work. Let it be realized that there are contractors and contractors. Therefore it does not necessarily mean that the lowest tenderer will give the best results. By experience it is generally recognized that you get what you pay for. This applies to building construction as it does to every other phase of human activity. Therefore by inviting only contractors of good repute and financial standing, who base their tenders on the same materials and the same quality as described in the specifications, the Board of Trustees is assured of obtaining the best materials and workmanship.

It should be the practice to ascertain the cost of separate contracts for specialties at the same time as the tenders are submitted, so that it may be possible, but not necessarily so, to omit certain specialties or deal with them at a later date if so desired.

Commencement of Work

The Clerk of the Works, having already been employed and made himself acquainted with the plans and specifications, as also the details and method of construction, and materials to be used, proceeds to the site of the new building for the purpose of supervising the staking out of the building, establishing levels, and so forth, in conjunction with the contractors.

Building Permit

A building permit must be obtained and plans deposited with the local authorities before the works are commenced. This procedure prevents any contravention of the local building by-laws being wittingly indulged in.

Testing Materials

There are numerous other matters at this stage which must be attended to, such as testing samples of material to be used, stone, sand, gravel, cement, etc., and approving of samples of items called for in the specifications.

Full Size and Large Scale Drawings

When once the work is well started the architect can proceed with the full size and large scale drawings of millwork, cut stone work, exterior architectural features, and those of the various units of the hospital proper. This latter task is a most arduous one, but any architect worth his salt realizes the value of constant consultations with the members of the hospital staff, for without such co-operation (even although constant discussions took place in the tentative stages), it is impossible to co-ordinate the various services in such a manner as will be acceptable to those who are entrusted with the administration and working of the units.

Supervision of Shop Work

There is another important duty of the architect, and that is the close and constant supervision of the shop work, which covers all millwork, cut stone, and so forth,

being worked in the contractor's or sub-contractor's (or both) workshops. This procedure has the effect of averting serious errors, effecting adaptations to conditions which may have arisen on the job and generally facilitating progress without delays, which latter are the *bête noir* of all those interested in the construction programme.

Superintendence of Work

Superintendence of the construction of any building is an important function of the architect, and particularly so in hospital construction. The architect constantly visits



Consulting engineers, specialists and manufacturers of equipment find it essential to keep in close touch with the architect throughout the period of construction, since everything must dovetail into the general scheme.



the work while in progress, often accompanied by members of the building committee and the hospital director. The visits are generally arranged periodically, dependent upon the condition of the work. Very often questions arise which it was not possible to foresee when the plans were being prepared, therefore the fact of having these conferences on the works by those concerned tends toward harmony and progress without undue delays. Involved in the superintendence of the works, it must be seen that the materials specified are supplied, that the detail drawings are followed, and that the work of each trade provides for the work of the other trades.

Clerk of the Work's Daily Reports

It is customary for the Clerk of the Works to make a report upon the work generally, covering progress, evasions of the specifications, delays caused by weather, lack of information, or any other cause. These reports are sent direct to the architect and for his information, action and reference as may be required.

Co-operation of Consulting Engineers and Specialists

The consulting engineers, specialists, and manufacturers of equipment find it essential to keep in close touch with the architect throughout the period of construction, since the wares of each specialist must dovetail into the general scheme of the project. The equipment manufacturers must be constantly consulted by the architect with building committee, the hospital director and chiefs of the hospital staff, if misunderstandings and disappointments are to be avoided. It is not unusual for a chief of a hospital department to require a different piece of equipment—that is to say, a difference in design to that which he may have requested when the plans were in a tentative stage.

This is not the opportune time to enumerate in detail the many and varied matters which require the architect's attention as the work progresses. So constantly are

(Continued on page 26)

Ste. Croix Hospital, Drummondville, is Efficiently Managed Institution

MAY we introduce to members of the hospital fraternity a comparatively new hospital—the Ste. Croix Hospital at Drummondville, Quebec. Since opening its doors a few years ago to the citizens of Drummondville and its environs, the institution has made rapid strides, as a glance backward will prove. In a nine-month period in 1927, 80 medical cases were handled and 23 operations performed. From January to November, 1930, 342 medical cases were treated and 160 major operations performed. These figures were increased to 559 and 337 respectively in 1933.

Through the generosity of friends and benefactors the Sisters of Charity of Nicolet undertook the construction of a modest hospital on the grounds adjacent to the Home for the Aged and Orphans at the corner of Brock and Convent Streets. This miniature hospital which, at best, could only accommodate 18 patients, was formally opened on March 3rd, 1927.

The absence of a resident surgeon is said to have retarded somewhat the progress of the institution until the arrival in Drummondville of Dr. L. Lane Charpentier, the present Chairman of the Medical Board and Surgeon-in-Chief of the hospital. Dr. Charpentier, whose coming gave assurance of efficient care in case of emergencies and serious illness, performed his first operation at the hospital in May, 1928.

The success of the venture was so evident that the insufficiency of space soon became apparent. This led to the construction of an annex in 1929. This is an entirely fireproof structure. It was formally opened and blessed by Canon George Melançon, one of its first promoters.

The hospital now has accommodation for 50 patients, all of whom are housed in large, bright, airy rooms and wards. The hospital's operating room is the last word in modern equipment. Other facilities include a laboratory, pharmacy, sterilizing plant, X-Ray department, automatic elevator. All types of cases are treated, including medical, surgical, obstetric, gynaecological. The hospital also has a venereal disease clinic which does splendid work.

All departments are in charge of graduate nurses, the staff comprising Sisters of Charity and three lay nurses. The Medical Board, formed two years ago, facilitates the work of the hospital in a marked manner.

A short history of Dr. Charpentier's career may be found interesting at this time. Born at L'Avenir, Quebec, in November, 1884, he was educated at Nicolet and Montreal, where he graduated in medicine in 1911. He



DR. L. LANE CHARPENTIER.

engaged in the practise of medicine at South Durham, Quebec, for 15 years, during which time he acquired extensive experience. In 1919 Dr. Charpentier went to New York, where he spent some time at the New York Post Graduate School and Hospital, studying surgery. In 1927 and 1928 he completed special courses in Anatomy and Surgery at the University of Montreal and Notre Dame Hospital. In 1928 he was appointed Surgeon-in-Chief of the Ste. Croix Hospital. It is largely through his efforts that the institution is now recognized as a general public hospital by the Provincial Government.

Dr. Charpentier is a member of the Inter-State Post Graduate Medical Association of North America, the Canadian Medical Association, a member of the Council of the French Speaking Doctors' Association of North America, a member of the Council of the Medical Association of the Province of Quebec, Montreal University Club, Industrial Medicine Association and the Drummondville Golf and Country Club.

Associated with Dr. Charpentier on the medical staff of Ste. Croix Hospital are the following: Dr. J. S. Sirois, Dr. Ambroise Beliveau, Dr. Joseph Caron, Dr. Emile Dion, Dr. A. Turcotte, Dr. Lucien Helie and Dr. Albert Allard.

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Group Hospitalization is Successful If Conducted on Sound Basis

DURING the past few years much discussion has taken place as to whether or not group hospitalization is the best solution for the cost of hospital care.

Of two things we are certain — the cost of hospital care is a real hardship on a large percentage of our population and with the increasing complexity of diagnosis and rising standards of care, hospitalization is not going to decrease in cost. Therefore, it would seem desirable that hospital workers give thought to the question of trying to ease this burden upon the public and at the same time to permit hospitals to function on a sound financial basis.

There seems to be some misunderstanding as to just what Group Hospitalization is and what it can accomplish. Doctor Rufus Rorem in "Hospital Care in the Family Budget" distributed by the American Hospital Association, defines Group Hospitalization as "A plan by which large numbers of individuals make equal and regular payments into a common fund to be used for the purchase of hospital service to those who subscribe to the fund when such hospital service is necessary." The plan enables persons of limited means to place the costs of hospital care in the family budget and hospital services are in this way listed among the regular costs of living, such as food, clothing, and shelter, or luxuries such as cosmetics, confections, tobacco and radios. It enables the subscriber to remove the uncertainty of the costs of the hospital services and assures him that his cost of hospital care will be paid through an annual subscription.

While group hospitalization has been given much impetus by its wide spread over the United States in the past three or four years, it is not entirely new in Canada. Some of the hospitals in Cape Breton, Nova Scotia, have had this plan for over 30 years and during that time it has proven satisfactory to both the hospital and the subscribers. Other plans have been in operation for a number of years in various British Columbia centres and elsewhere. More recently the hospitals at Lethbridge have instituted group plans and we are particularly interested in the arrangements at Edmonton where all of the hospitals working through the Edmonton Hospitals Advisory Council participate in a joint plan which has just been launched. This would seem to be the most desirable form, for any plan of group hospitalization in which benefits can be obtained in one hospital only limits considerably its value to the subscriber. We understand that the hospitals in Kingston are working out a joint plan upon a somewhat different basis.

There seem to be as many different bases for the financing of group hospitalization as there are plans, but those who have studied the question most intensively seem to be agreed that a model group hospitalization plan would (a) include all of the general hospitals in the area (b) not include any provision for medical care, such being entirely a matter of arrangement between the patient and his physician (c) avoid control by outside financial inter-

ests, control being vested in a joint committee of the hospitals and the subscribers or the community and (d) dependents should be included if possible.

At the present time we are informed that the Canadian Medical Association has selected a committee which includes in its membership many well-known hospital administrators and which is making a thorough study of the whole problem of group hospitalization. The conclusions of this committee will be awaited with considerable interest.

Coming Conventions

- American Medical Association, Cleveland, June 11-15th.
- New Brunswick Hospital Association, Moncton, June 13th.
- Canadian Medical Association, Calgary, June 18-22nd.
- Catholic Hospital Association of U.S. and Canada, Cleveland, June 18-22nd.
- Canadian Nurses' Association, Toronto, June 26-30th.
- Manitoba Hospital Association, Souris, June 28-29th.
- Hospital Association of Nova Scotia and Prince Edward Island, Charlottetown, Aug. 29-30th.
- Ontario Conference of Catholic Hospital Association, Kingston, Aug. 29-30-31st.
- American College of Hospital Administrators, Philadelphia, Sept. 22nd.
- American Hospital Association, Philadelphia, Sept. 24-28th.
- American College of Surgeons, Boston, Oct. 15-19th.
- Ontario Hospital Association, Toronto, Oct. 24-26th.

1934 Post-Graduate Course of International Hospital Association

The International Hospital Association, in conjunction with the Swiss Hospital Association, is holding a post-graduate course in Switzerland this summer. This course, held from August 15th to August 23rd, is a progressive study tour, comprised of lectures and inspections. It will commence at Basel and include Zurich, Lucerne, St. Moritz, Berne and Leysin, and includes in its itinerary excursions to the mountains and lakes and a study trip to Canton Grisons. Information concerning this course can be obtained by writing to the Veska-Bureau, Obergrundstrasse 13, Lucerne, Switzerland.

New Directory of Hospitals

The Dominion Bureau of Statistics, Ottawa, has recently issued a list of Hospitals in Canada corrected to the end of 1932. This is preparatory to a new Directory of Hospitals which is being compiled at the present time from 1933 returns.

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Hospital Aid News

"Never lose a chance of saying a kind word. As Col-lingwood never saw a vacant place in his estate but he took an acorn out of his pocket and placed it in the ground, so deal with your kindnesses and compliments through life. An acorn costs nothing, but it may sprout into a prodigious bit of good timber."—*Thackeray*.

National Hospital Day Celebrations

Each year since the inauguration of National Hospital Day on May 12th, the birthday of the patron saint of nursing, Florence Nightingale, finds the Hospital Aids of Ontario taking a larger part in bringing hospital activities to the attention of the citizenship. With few exceptions all the affiliated bodies participated enthusiastically. This year has been outstanding, and already many compliments have come to the Association for the splendid literature made available to advance the celebration of this day, and in fostering hospital mindedness at home and abroad. This literature comprises an interesting sketch of the life of Florence Nightingale; a toast to those engaged in hospital service, and the graduating class. Tray cards, which are proving very popular with the patients, are a yearly feature. The greeting this year was as follows: "In remembrance to-day at a wide open gate a vision we see of a dear Patron Saint who treads aisles of pain through sickness and gloom with naught but a lantern to brighten the room. The men who lay wounded soon learned to caress the shadow portrayed on the wall she passed. Her womanly heart, understanding their plight, never failed to appear in the aisles every night with her little camp lantern to see all was right, when pain and home-sickness could scarcely be borne. This angel of mercy would greet the forlorn with a word of good cheer and a prayer in her smile, as she noiselessly passed down each hospital aisle. Little wonder her name is held sacred, and each year we pause to pay homage and her memory revere. How splendid the language of Him, who while here she made possible 'Unchanging' it, year after year."

Malcolm T. MacEachern, M.D.C.M., Director of Hospital Activities, writes: "I plan to place this literature in our public education exhibit at the tri-state meeting. It is excellent."

* * *

BRAMPTON.—The Women's Hospital Aid conducted a Florence Nightingale tea at the home of Mrs. J. H. C. Waite, in observance of National Hospital Day. Mrs. Margaret Rhynas was the guest speaker, who gave a winsome and illuminating talk on the life of Florence Nightingale and of Hospital Aid work throughout the province. Mrs. Dawson, the first president of the Brampton Hospital Aid, was honoured by a life membership in the local Aid and was presented also with a beautiful bouquet of roses. The Provincial President also received a beautiful bouquet.

* * *

CHATHAM.—National Hospital Day was observed in a unique fashion, when hundreds of citizens called at the General Hospital and enjoyed the hospitality of the board

and staff. Miss Priscilla Campbell and staff received the guests and served tea. After the inspection of the hospital and demonstrations a pageant, depicting Florence Nightingale in the Crimean War, was presented by the Alumni Association of the Chatham General Hospital. The radio program and nurses' choir all made for a most enjoyable and unusual celebration.

St. Joseph Hospital, Chatham, celebrated in a large way also, when visitors were conducted through the hospital and delightful hospitality dispersed by the Sisters and members of the Hospital Aid.

* * *

FERGUS.—The Japanese Tea and Fantasia presented by the hard-working members of the Hospital Aid, with a host of local assistants, proved to be a splendid success, not only for the unique entertainment provided for twelve hours, but also from a financial point of view. It began on Thursday afternoon, May 10th, with afternoon tea, continued during the early evening, when almost too many people crowded the town hall, and took a new lease of life on towards midnight, and continued as a dance until the early hours of the morning.

The conveners, Mrs. A. L. Steele and Mrs. N. T. S. Ives, are to be congratulated on the complete success of the undertaking. On the reception committee were Mrs. J. J. Craig, president of the Hospital Aid, and the members of the executive.

* * *

NIAGARA-ON-THE-LAKE.—The Hospital Aid of the Niagara Cottage Hospital, Niagara-on-the-Lake, Ontario, celebrated their Hospital Day on Friday, May 11th, from two until five.

The guests, who numbered about sixty, were received at the door by the superintendent, Miss J. G. Neame and a receiving committee from the Aid. They were shown through the ward, nursery, private rooms; thence to the operating room, where Doctors C. R. Burnfield and J. F. Rigg were speaking on preventive medicine and X-ray diagnosis. The dietetical trays were of great interest.

They were most fortunate in having as their speaker General C. M. Nelles, C.M.G., who has the unique pleasure of being president not only of the Cottage Hospital, but of the Ontario Hospital Association, for the year 1934.

The Board of Directors took the opportunity of presenting their president of fourteen years with an address, accompanied with a cane, Dr. J. F. Rigg and Dr. C. R. Burnfield making the presentation.

Tea was served in the nurses' residence with the president, Mrs. G. E. Corus, and vice-president Mrs. Couillard, receiving.

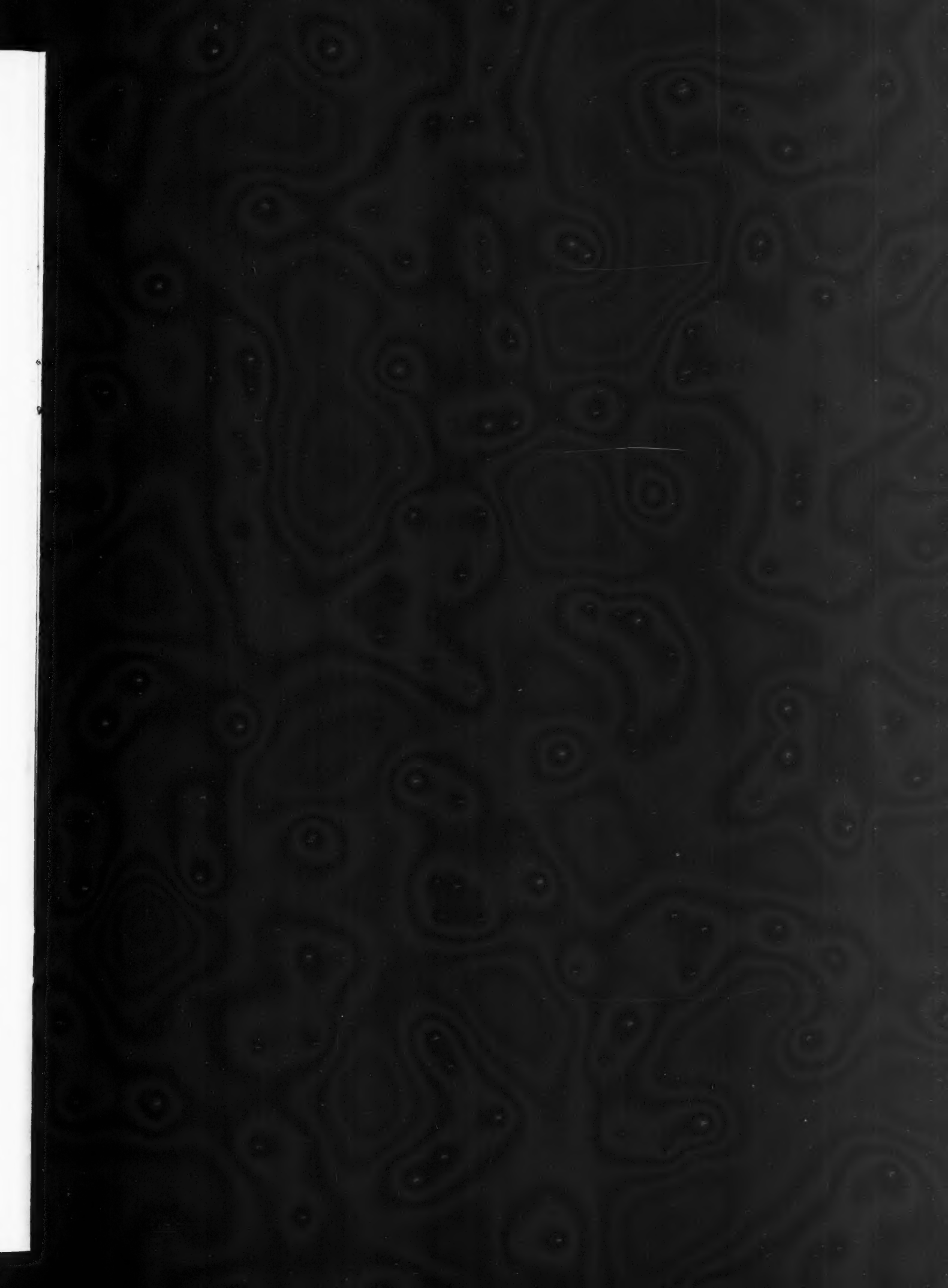
* * *

SARNIA.—Hundreds visited the General Hospital on May 12th, when the hospital staff, Women's Hospital Aid, and municipal bodies received the visitors. The planned scientific kitchen elicited many favorable comments from visitors. A corps of nurses in the basement illustrated benefits of out-patient clinic and preventive measures.

* * *

STRATHROY.—Deep significance was added to the celebration of National Hospital Day in Strathroy, when on the afternoon of May the 12th at the General Hospital a drinking fountain was unveiled in the corridor of the

(Continued on page 26)



SPECIAL SUTURES

for special purposes



TO meet the varied situations where minimized suture trauma is desirable, over a hundred D&G Atraumatic* suture-and-needle combinations are available. These range from tiny nerve sutures of size 000000 silk to sturdy obstetrical sutures of size three catgut.

D&G Atraumatic Sutures embody exclusive features which tend to facilitate handling and materially reduce damage to tissues incidental to suturing. The needles are of high quality steel, tempered against brittleness and resultant "snapping". Their patented construction provides a sleeve of exceptional strength which will not

bend or break; and the method of affixing insures positive anchorage to the suture material—it cannot pull out. All curved needles have a flattened section to prevent turning in the needle holder. The points are of two types: a finely drawn taper point for delicate membranes, and the sharply ground D&G cutting point which penetrates tough or elastic structures with greater ease than the conventional cutting edge, and yet is less likely to incise adjacent vessels.

Each special purpose suture has been developed in collaboration with recognized authorities and represents the consensus of professional opinion in its particular field.

* Registered Trade-mark

DAG

ATRAUMATIC SUTURES

with needles integrally affixed

Intestinal Sutures

KALMERID plain or chromic catgut, celluloid linen or silk with Atraumatic needles in the several types indicated integrally affixed. Suture lengths: 36 inches for products 1342, 1352, 1372 and 1542; all others 28 inches.

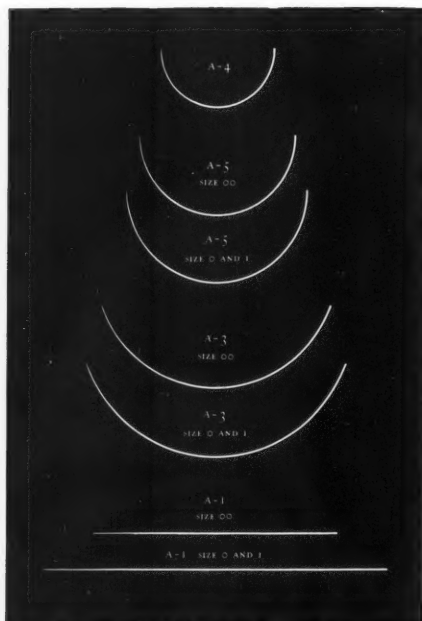
BOILABLE VARIETY

Plain Catgut:

NO.	NEEDLE	DOZEN
1301..STRAIGHT NEEDLE.....	A-1.....	\$3.60
1303.. $\frac{3}{8}$ -CIRCLE NEEDLE.....	A-3.....	4.20
1304.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....	A-4.....	4.20
1305.. $\frac{1}{2}$ -CIRCLE NEEDLE.....	A-5.....	4.20

20-Day Chromic:

1341..STRAIGHT NEEDLE.....	A-1.....	\$3.60
1342..TWO STRAIGHT NEEDLES..	A-1.....	4.20
1343.. $\frac{3}{8}$ -CIRCLE NEEDLE.....	A-3.....	4.20
1344.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....	A-4.....	4.20
1345.. $\frac{1}{2}$ -CIRCLE NEEDLE.....	A-5.....	4.20



Intestinal Sutures

Celluloid Linen:

NO.	NEEDLE	DOZEN
1351..STRAIGHT NEEDLE*.....	A-1.....	\$3.60
1352..TWO STRAIGHT NEEDLES*..	A-1.....	4.20
1354.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....	A-4.....	4.20

Black Silk:

1371..STRAIGHT NEEDLE*.....	A-1.....	\$3.60
1372..TWO STRAIGHT NEEDLES*..	A-1.....	4.20
1374.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....	A-4.....	4.20

NON-BOILABLE VARIETY

Plain Catgut:

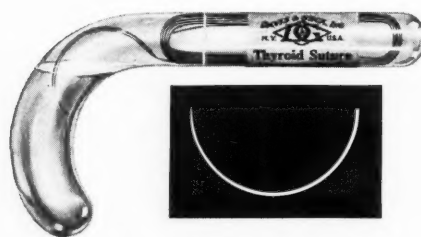
1501..STRAIGHT NEEDLE.....	A-1.....	\$3.60
1503.. $\frac{3}{8}$ -CIRCLE NEEDLE.....	A-3.....	4.20
1504.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....	A-4.....	4.20
1505.. $\frac{1}{2}$ -CIRCLE NEEDLE.....	A-5.....	4.20

20-Day Chromic:

1541..STRAIGHT NEEDLE.....	A-1.....	\$3.60
1542..TWO STRAIGHT NEEDLES..	A-1.....	4.20
1543.. $\frac{3}{8}$ -CIRCLE NEEDLE.....	A-3.....	4.20
1544.. $\frac{1}{2}$ -CIRCLE NEEDLE*.....	A-4.....	4.20
1545.. $\frac{1}{2}$ -CIRCLE NEEDLE.....	A-5.....	4.20

Sizes: 00 . 0 . . 1, except * 00 . 0 only

In packages of 12 tubes of a kind and size

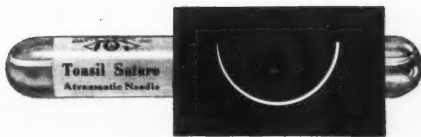


Thyroid Sutures

KALMERID plain catgut with half-circle taper point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	SIZE
1625..BOILABLE VARIETY.....	0
1635..NON-BOILABLE VARIETY.....	0

Package of 12 tubes of a kind. . . . \$4.20



Tonsil Sutures

KALMERID plain catgut with sturdy half-circle, taper point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	SIZE
1605..BOILABLE VARIETY.....	O
1615..NON-BOILABLE VARIETY.....	O

Package of 12 tubes.....\$4.20



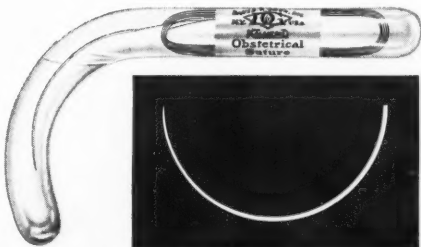
Circumcision Sutures

KALMERID plain catgut, three-eighths circle, cutting point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	SIZE
605..BOILABLE VARIETY.....	OO, O
635..NON-BOILABLE VARIETY.....	OO, O

Package of 4 tubes \$1.20; per doz. \$3.60

Also obtainable with eyed-type needles at same price



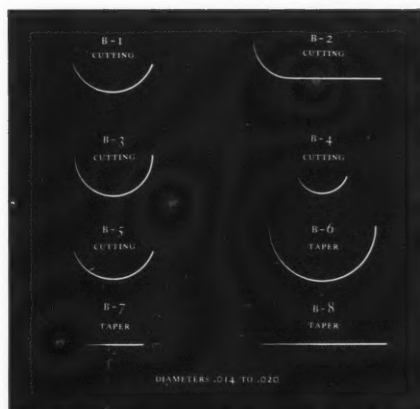
Obstetrical Sutures

KALMERID 40-day catgut with half-circle, cutting point Atraumatic needle integrally affixed. Suture length 28 inches.

NO.	SIZE
655..BOILABLE VARIETY.....	2, 3
685..NON-BOILABLE VARIETY.....	2, 3

Package of 3 tubes \$1.20; per doz. \$4.20

Also obtainable with eyed-type needles at same price



Plastic Sutures

NO.	MATERIAL	SIZE	NEEDLE
1651..KAL-DERMIC.....	6-O...	3/8-CIRCLE,	B-1
1655..KAL-DERMIC.....	4-O...	1/2-CURVED,	B-2
1658..BLACK SILK.....	4-O...	1/2-CURVED,	B-2

Eye Sutures

1661..BLACK SILK.....	6-O...	1/2-CIRCLE,	B-3
1665..BLACK SILK.....	4-O...	3/8-CIRCLE,	B-1
1666..PLAIN CATGUT.....	3-O...	3/8-CIRCLE*,	B-4
1667..PLAIN CATGUT.....	3-O...	3/8-CIRCLE,	B-4
1668..10-DAY CATGUT..	3-O...	3/8-CIRCLE*,	B-5
1669..10-DAY CATGUT..	3-O...	3/8-CIRCLE,	B-5

* Double armed, suture length 12 inches

Nerve and Artery Sutures

1670..BLACK SILK.....	6-O...	STRAIGHT,	B-7
1675..BLACK SILK.....	6-O...	STRAIGHT,	B-8
1678..BLACK SILK.....	6-O...	1/2-CIRCLE*,	B-3

* Taper point

Ureteral and Renal Sutures

1690..20-DAY CATGUT..	4-O...	1/2-CIRCLE,	B-3
1695..PLAIN CATGUT.....	4-O...	1/2-CIRCLE,	B-6
1698..20-DAY CATGUT..	4-O...	1/2-CIRCLE,	B-6

Package of 12 tubes of a kind....\$4.20

Suture length 18 inches. Boilable.

Other D & G Products

INFORMATION and prices sent upon request covering Kalmerid catgut, Kaldermic skin and tension sutures, unabsorbable sutures, ribbon gut, kangaroo tendons, minor sutures, emergency sutures, umbilical tape, and Kalmerid germicidal tablets.

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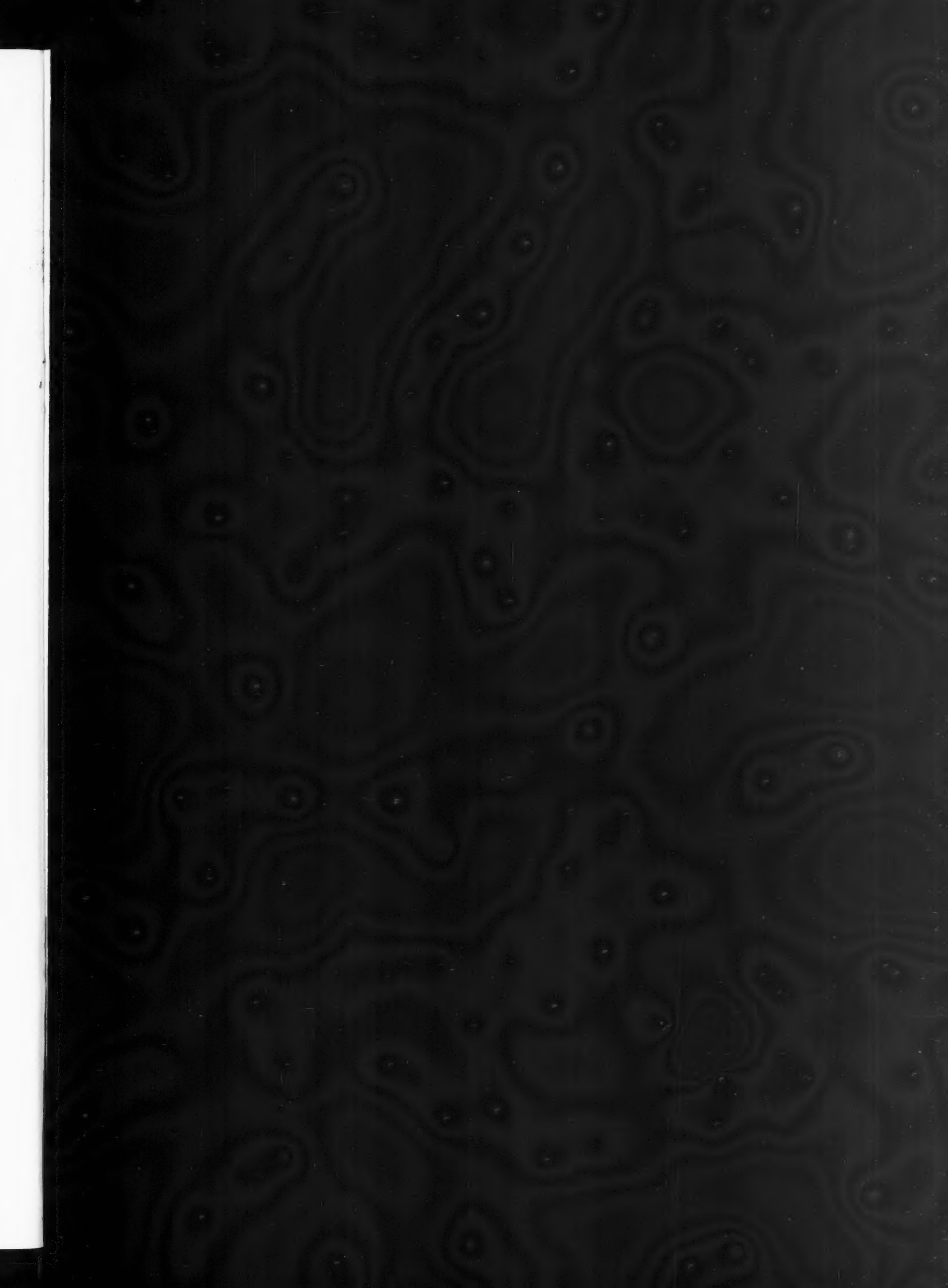


TO surgeons of the Arabian school belongs the credit for preserving the science of surgery in the period following the decline of Greco-Roman civilization. In the use of sutures and ligatures they followed existing practices rather closely with one notable exception—the writings of Rhazes describe the closure of wounds with harp strings, made from the intestines of sheep, twisted and dried in the sun, constituting the earliest record of the use of catgut as a suture material.

D&G Sutures

"THEY ARE HEAT STERILIZED"

DAVIS & GECK INC.



NEW HOSPITAL CONSTRUCTION

ELMWOOD, MANITOBA.—The Mennonite Hospital Society has recently opened its new hospital on the Red River and it is to be known as "Concordia Hospital." The building, a four-storey brick and stone structure, formerly a sanatorium, has been completely re-decorated and new plumbing installed. The hospital has accommodation for 50 patients, and the property was formerly valued at \$400,000. An outstanding feature of this location is a natural salt spring which the hospital hopes to utilize in the near future.

* * *

HAMILTON, ONT.—Construction of a nurses' residence at the Ontario Hospital, Mountain top, at an estimated cost of \$250,000 was announced on May 9th by T. J. Mahony, M.L.A., South Wentworth, representative of the riding in which the building will be erected.

Plans have been approved and work will be proceeded with immediately.

Overcrowding was a factor in influencing the authorities to take action. At the present time there are close to 1,400 patients in the hospital. With the increase in cases, the nursing staff has grown, but during the years of development their quarters were not enlarged. In erecting a new building for the nurses, the authorities have arranged to completely renovate the building to be vacated, and about 50 or 60 patients will then be transferred there, relieving to a considerable extent the congestion in many of the other wards.

* * *

KINGSTON, ONT.—Hon. T. A. Kidd, it is reported, has received word from Hon. J. M. Robb, Minister of Health for Ontario, to the effect that extension work to the amount of \$50,000 will be carried out at "Beechgrove" infirmary, at the Ontario Hospital, in modernizing, fireproofing, and in the equipment. It was stated that work would be commenced immediately.

* * *

MONTREAL, QUE.—St. Jean de Dieu Hospital for mental cases is building a 650-bed addition to cost in the neighbourhood of \$900,000, the work to start this spring. The building will be five storeys in height, of reinforced concrete construction, stone front. It is estimated that 300 men will be employed in the construction work. There will be three wings to the new structure with a chapel and living quarters provided for the sisters. Completion of the project is expected in the early part of 1935. The architects are at work preparing plans for the entire undertaking. Doctor Omer Noel is medical superintendent and Doctor R. Richard is his assistant. Rev. Sister Rose de Vitte is superior of the institution, which belongs to the order of the Congregation of Sisters of Providence.

* * *

PARRY SOUND, ONT.—The General Hospital, which was almost completely gutted by fire at the end of April, is being rebuilt. Repairs have been commenced on the main

floor and it is expected this portion of the building will be ready for occupancy soon.

* * *

PORT ARTHUR, ONT.—Work has been started on renovations to be made to the Wiley residence to convert it into a mental institute for Northwestern Ontario. The building at the present time contains twenty-three rooms.

* * *

QUEBEC.—An additional grant of \$150,000, in allotments of \$12,400 annually over a period of twenty years, has been set aside for St. Charles Hospital at St. Hyacinthe by the Quebec Government, it was learned recently. The grant is the result of a series of meetings between Premier L. A. Taschereau, Hon. Athanase David, Provincial Secretary, and Hon. T. D. Bouchard, Speaker of the Legislative Assembly and M.L.A. for the county of St. Hyacinthe.

A previous grant of \$100,000 had been made towards the institution when it was erected at an estimated cost of \$250,000, but when the hospital was completed it was found a much higher outlay had to be made and the additional grant was sought.

* * *

TORONTO.—The Hon. Dr. J. M. Robb, Ontario Minister of Health, has just announced that additional accommodation for 1,300 beds will be provided in mental hospitals at Mimico, Hamilton, London and elsewhere in the province. At present there is accommodation for 12,000 patients in Ontario's mental hospitals.

* * *

TORONTO.—Announcement is made by President E. F. Singer, of the Board of Directors of the Mount Sinai Hospital at 100 Yorkville Ave., that construction work will begin shortly on the new \$40,000 addition to that institution. When the work is completed the institution will provide 85 beds.

For 10 years or more this hospital, formerly a private residence, sheltered by trees and located beyond the noisy zones of a busy city, has been conducting a work that is now being recognized of permanent value as a non-sectarian institution. As an acknowledgment of this fact a grant of \$15,000 by the City Council and two Governments has been made under the relief plan towards the building fund of the organization.

* * *

WINDSOR, ONT.—The Metropolitan General Hospital plans to add an autopsy room to its present building, cost of which will be around \$1,200.00.

* * *

WOODSTOCK, ONT.—Announcement has been made that the Provincial Government's public works programme will include a nurses' home at Ontario Hospital here. Excavating has been commenced on the day-labor plan and the main contract will be let later. The building will be of 50-bed capacity, of brick construction, to cost about \$100,000, and will be erected on the east side of the property.

THE Canadian Hospital

Published in the interests of Hospital Executives

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Vol. 11

JUNE, 1934

No. 6

A Plea to Attend Your Provincial Hospital Convention

DURING the next few months the various hospital associations in Canada will again hold their annual conventions. This year, even more than in previous years, hospital executives should make every effort to attend their association meeting.

It is true the past few years have left their trace of "hard times" on many institutions, but administrators who regularly attend hospital meetings are undoubtedly better prepared to meet these changed economic conditions. Actual attendance is most desirable, for the casual perusal of the transactions, when issued some months later, valuable though such may be, cannot equal the benefit of actually being there when the papers are being delivered, and the discussions take place.

Frequently of even greater importance than the formal part of the programme is the opportunity given for little tête-a-têtes in groups of twos or threes, opportunities to ask your colleagues how they are meeting certain situations, or to get their opinions and to crystallize your own concerning the wisdom of some plan of development which you may have in mind.

As many delegates as possible from each hospital should attend the convention, for if it is good for one person to go and be inspired, certainly it is good for the others, particularly as the additional members of the party, who may be sent, would be usually those not given an opportunity to attend conventions and, therefore, most needing inspiration. Every type of worker will gain some help whether trustee, superintendent, supervisor, dietitian or other executive. It is a matter of great regret that so few medical men attend hospital conventions, and every effort should be made to encourage their attendance, for only

by this closer co-operation of doctor and hospital can we expect better hospital service.

Owing to their scattered locations throughout the country, most hospitals are isolated to the extent that their only contact with other institutions during the year is by occasional correspondence, through the medium of the journals, or by information circulated by salesmen. An added advantage of attending a convention is that having met hospital workers from other centres, it is much easier and more satisfactory on future occasions to correspond with them than it would be to seek information from an unknown party.

Naturally the question of cost must be considered in these days, but it can be accepted as an absolute truism and can be so defended before the Board that any cost incidental to sending delegates to a convention is more than compensated for, both in the immediate and the remote future, by the ideas brought home, new economies initiated, by the contacts made and by the inspiration gained—an intangible but very vital feature.

Do not feel satisfied to send one or two representatives! Remember the best and most successful hospitals are those whose executives and personnel are most faithful in attending hospital meetings. So, do not fail to attend your local convention—not as a vacation—but as a duty to yourself and to your institution!



Summer is the Time to Renovate the Hospital Plant

SUMMER is really the best time to attend to the cleaning, painting and otherwise "renovizing" of the hospital. With the graduation of one class and the holiday season on, this is the favourite time of many institutions to make necessary renovations, changes and do general clean-up work in the hospital and the nurses' residence. Summer is the time when most hospitals have a lowered occupancy. Of course, this is not always so, because some hospitals find it a very busy season, but where it is the period of lowest occupancy, hospitals like to utilize such an opportunity for much needed work.

During this season windows and doors can be opened and paint fumes readily removed from the building. There is always a certain amount of outside work and this can be more quickly and satisfactorily done than at any other time, and patients are perhaps less disturbed by reconstruction noises during the summer months.

A number of hospitals are finding that old unpaid accounts can be cleared up by engaging those in debt to the hospital, including painters, carpenters, gardeners, cement workers and others to improve the plant and the grounds, and by so doing not only help the hospital, but restore the self-respect of the individual citizen. Of course this latter feature is much more feasible in a small community where there is closer personal contact between the townspeople and the hospital administration.



"Every error under the sun seems to arise from thinking that you are right yourself because you are yourself, and other people are wrong because they are not you."

—T. Hardy.

New British Medical Centre Provides Better Facilities for Buying

UNUSUAL interest is being taken in the New Medical Centre which is being established in London, England. This enterprise, a unit of the British Industries House, will be of considerable importance to the administration of the 4,000 British hospitals, for it will bring under one roof scores of retailers and manufacturers dealing with hospital supplies, thus facilitating inspection, comparison and purchase of a wide range of hospital and medical articles and commodities.

The Centre is under the guidance of a Medical Advisory Council, the chairman being Doctor Alfred Cox, former secretary of the British Medical Association, and is composed of several well-known hospital and medical men of England.

Some idea of the potential trade of the Centre may be realized from the fact that last year hospitals in Great Britain received approximately \$75,000,000 and spent on maintenance and development over \$70,000,000.

According to the London "Observer" this Medical Section will go far to assist the British manufacturers because once the centre is recognized as a place for the congregation of large buyers, manufacturers will more readily adopt measures for bulk output, thereby reducing the cost of production. The success of the centre can only be assured if those whose requirements it has to serve can be satisfied that it will be of a permanent character.



Meeting of Ontario Neuro-Psychiatric Association at Guelph

The annual meeting of the Ontario Neuro-Psychiatric Association for the year 1934 was held at the Homewood Sanitarium, Guelph, on Friday, May 18th, 1934. The President, Dr. W. C. Herriman, presided. Dr. Harvey Clare, Superintendent of the Homewood Sanitarium, gave the address of welcome. Papers were read by Burdett H. McNeel, B.A., of the Ontario Hospital, Whitby, Dr. W. H. Lowry of Toronto, and Dr. N. B. Taylor, Professor of Physiology in the University of Toronto. Dr. E. P. Lewis of the Toronto Psychiatric Hospital, was the guest speaker at the Association dinner. The following officers were elected for the coming year:

Honorary President—The Honorable Dr. J. M. Robb.
President—Dr. T. D. Cumberland.
Vice-President—Dr. George Kidd.
Secretary—Dr. A. McCausland.
Executive Committee—Dr. B. T. McGhie, Dr. R. G. Armour, Dr. H. A. McKay, Dr. G. H. Stevenson, Dr. D. O'G. Lynch, Dr. J. McGeoch.
Editorial Board—Dr. B. T. McGhie, Dr. C. B. Farrar, Dr. D. R. Fletcher, Dr. J. P. S. Cathcart, Dr. J. A. Hannah.

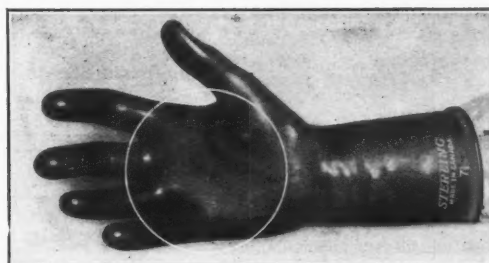
"Without unceasing practice nothing can be done; practice is art. If you leave off you are lost."

—William Blake.

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News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,
and Personal News of Hospital Workers*

ALLISTON, ONT.—One of the features of Hospital Day celebrations at the Stevenson Memorial Hospital was the introduction to the guests of a first cousin of Florence Nightingale, a Mrs. John Drennan, who is a resident of Alliston.

Miss McCormack, superintendent, received much commendation on the excellent condition and high standard of the hospital.

* * *

BRANTFORD, ONT.—The Spirit of Florence Nightingale was in no city of Ontario more worthily exemplified on May 12th than in the Brantford General Hospital. Hospital Day was most fittingly observed when that institution, under the direction of Miss E. M. McKee, hospitably threw open its doors in the afternoon to the public, invited inspection and provided a most educational program and a cordial reception to all who availed themselves of this opportunity to see in action a hospital which has won a most enviable international reputation, and to familiarize themselves with the high standard of administration sustained.

CHARLOTTETOWN, P.E.I.—The reconstructed east wing of Falconwood Hospital for the Insane was formally opened on May 1st by Chief Justice Mathieson, administrator of the province, during the absence of Lieutenant-Governor DeBlois. The building is constructed in such a manner as to prevent a conflagration such as destroyed the old building. From basement to roof the edifice is fireproof in every detail. Premier McMillan presided, and a pleasing program was rendered.

The visitors were given an opportunity of going through the structure, which is the first unit of several to be built as finances permit.

* * *

HAMILTON, ONT.—John Parkin, a member of the hospital board, and sales manager of the Otis-Fensom Company, has been transferred to Toronto as general manager of the Toronto branch of the company. Mr. Parkin is a past president of the Rotary Club of Hamilton. His hosts of friends here regret that his promotion means his loss to Hamilton.

* * *

KINGSTON, ONT.—Based on statistics showing that one person in every ten makes use of local hospitals during each year, a community hospitalization plan has been approved in Kingston whereby, with a small membership fee, those who need hospital treatment may find their financial burden lightened.

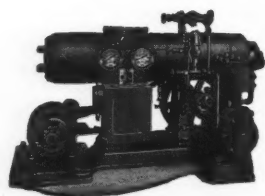
The scheme does not involve any obligation regarding choice of hospital or physician, nor does it restrict members in choice of accommodation or services. Payment of \$5 for individual membership, or \$5 for the first member of a family, \$2 for the second and \$1 for each additional member, will provide a fund which may be distributed among those members who need hospital care during the year. Applications are being received between May 12 and June 12, and the benefits of membership in the new scheme will be derived during the fiscal year Aug. 1, 1934, to Aug. 1, 1935.

* * *

LANCASTER, N.B.—Andrew Cooper, who entered the provincial government service as an attendant in the Provincial Hospital in Lancaster in 1875, passed away in the institution on April 29th, after giving 59 years of continuous and faithful service.

Mr. Cooper was 88 years of age and had served under the late Dr. John Waddell, the late Dr. James Steeves, the late Dr. G. A. Hetherington and the present superintendent, Dr. J. V. Anglin.

He had always enjoyed the best of health until three days prior to his death.



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LUNENBURG, N.S.—Dr. George H. Murphy and Dr. J. G. MacDougall have resigned as members of the staff of the Victoria General Hospital, it was announced recently, and Dr. N. H. Gosse has been appointed to fill the vacancy caused by the resignation of Dr. MacDougall. Dr. C. E. Kinley will replace Dr. Murphy.

Other appointments are those of Dr. Currie, who takes the place of the late Dr. Vincent Hogan, and Dr. Arthur Murphy and Dr. Noble, the latter to be associated with Dr. Gosse and Dr. Edward Ross, who will be associated with Dr. Currie.

* * *

LONDON, ONT.—Doctor J. R. Christian, for more than five years chief medical officer of the Westminster Hospital, London, has been transferred to Ste. Anne de Bellevue, near Montreal, while Dr. C. McMane, administrator of the Toronto district and chief medical officer of the Christie Street Hospital, has been temporarily transferred to Westminster.

* * *

MONTREAL.—The \$1,500,000 Jewish General Hospital, situated at the intersection of Cote St. Catherine and Cote des Neiges Roads, will be opened officially at the end of July, it is reported.

* * *

MONTREAL, QUE.—Doctor J. C. Meakins, director of the Medical Department of McGill University, and chief physician at Royal Victoria Hospital, has just assumed the presidency of the American College of Physicians at Chicago. Doctor Meakins is the second Canadian to hold this post.

* * *

MONTREAL, QUE.—At the annual meeting of the Junior Sub-division of the Catholic Women's League, held in the Windsor Hotel, announcement was made that the sub-division had undertaken to fully equip the children's ward of the new St. Mary's Hospital. The ward will contain twenty-four beds and the approximate cost of this enterprise will be \$1,200. The sum of \$200 was voted as the first payment.

* * *

MONTREAL.—There is a constantly increasing demand for information and instruction on questions regarding mental health, according to Dr. W. T. B. Mitchell, director of the Mental Hygiene Institute, when speaking at the annual meeting of that organization.

The increased interest, Dr. Mitchell attributed to the fact that some of the mental reactions of the depression are now being felt, and that mental health is a problem which can be dealt with.

* * *

MONTREAL.—Dr. J. A. Rouleau has been elected president of the medical bureau of Notre Dame Hospital, with Dr. Leo Blagdon as vice-president, Dr. R. Laurendeau as secretary, and Dr. J. Saucier as librarian.

At a meeting of the medical council of the hospital Dr. L. de L. Harwood was named honorary president, and the following other officers also named: president, Dr. A. LeSage; secretary, Dr. A. Leger; assistant secretary, Dr. A. Bertrand; board members, Dr. E. P. Benoit, Dr. B. G. Bourgeois, Dr. J. N. Roy and Dr. O. A. Gagnon.

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Please refer to THE CANADIAN HOSPITAL when writing

News of Hospitals and Staffs

(Continued from preceding page)

MONTREAL.—F. H. Dowling, chief engineer of the Central Division of the Montreal General Hospital, during the past sixteen years, left the latter institution on April 13th to join the staff of the St. Mary's Hospital, where he will also occupy the post of chief engineer there. As a token of esteem from his superiors and all confreres in general, Mr. Dowling was presented with a gold watch and cigarette case.

The presentation was made by A. H. Patterson, M.E. I.C., building superintendent, who spoke on behalf of the hospital staff, expressing his regrets at the departure of Mr. Dowling. Dr. John C. Mackenzie, general superintendent of the Central Division of the Montreal General Hospital, referred to the splendid service rendered the hospital by Mr. Dowling.

* * *

THE PAS, MANITOBA.—On May 12th Hospital Day was celebrated at Hospital St. Antoine, as for the past four years.

The hospital has accommodation for 100 beds, but for the present 75 beds are available. It is a modern, fire-proof building worthy of a much larger centre.

Alone in the northern part of the Province of Manitoba it serves a territory for five hundred miles around. Though far north it has an excellent medical and surgical staff.

Each year since the opening of the new hospital, the 12th of May has brought many visitors to partake of afternoon tea, and visit the candy booth, which always is a drawing card. This year the receipts were very acceptable. It is a yearly custom to have the babies born at the hospital photographed together on the steps of the hospital, and the Sisters distribute the pictures gratis to the parents. Sister Gelineas is the Superior of this splendid hospital.

* * *

PICTON, ONT.—At a meeting of the Prince Edward County Hospital Board directors, the resignation of Miss Laura J. Gaden, Reg. N., was received. On account of ill health, Miss Gaden felt unable to carry on the arduous duties in connection with this office.

Miss McNeill, Reg. N., was appointed temporary superintendent. It is understood that Miss McNeill does not desire a permanent appointment.

Miss Grindrod will be day supervisor, and Miss Young night supervisor.

* * *

QUEBEC.—Valcartier camp may soon have a new hospital, the Dominion Government being reported here as giving consideration to plans prepared in this connection. The building calls for stone construction and would be in the shape of a quadrangle with accommodation for 100 beds. At present there are 1,800 veterans at Valcartier, and 4,000 men have passed through it since its opening last year as a camp for single unemployed.

* * *

ST. CATHARINES, ONT.—After several years of continuous effort on the part of Dr. D. V. Currey, Medical Officer of Health, St. Catharines is to secure a dental clinic. It will be operated at the General Hospital in the



*C. J. Decker,
Superintendent
of the Toronto
General Hospital,
who has been
elected President
of the Toronto
Rotary Club.*

dental clinic established by the late Col. R. W. Leonard and hereto used only for extraction work in relief cases. The General Hospital is arranging for the larger use of the clinic and will provide a nurse. The clinic will care for dental work, both preventive and remedial, of those who cannot pay for this service.

* * *

SAINT JOHNS, QUE.—The Grey Nuns Hospital here was rocked by an explosion a few weeks ago which did considerable damage, totally wrecking the power plant. The cause is still a mystery.

* * *

TORONTO.—A travelling dental office has been purchased with funds supplied by the Northern Ontario Relief Commission to provide treatment to the needy in the north of the province. Dr. B. L. Washburn will be in charge of the dental coach on the trip, which will also be sponsored by the Commission.

* * *

TORONTO.—The civic wage schedule will be observed during construction of the Women's College Hospital and the addition to the Toronto Western Hospital, according to a decision of the board of control.

St. John's Convalescent Hospital, being outside the city, the board agreed with their proposal to observe the union and prevailing rate, which City Solicitor Colquhoun advised would probably be that shown in the city's schedule, with the exception of common laborers.

* * *

WOODSTOCK, ONT.—Adam E. Roth, Clerk of Oxford County, has been appointed Treasurer of the Woodstock Hospital Trust. He succeeds the late Henry Little.

* * *

WINDSOR, ONT.—The Hotel Dieu Hospital at Windsor plans the construction of a new kitchen, to cost approximately \$30,000.00. The kitchen will contain ice-making

machines, refrigerators, and other installations. It will be one storey high and will have a floor area of 48 by 115 feet. Interior walls will be of white tile. The structure, of concrete, will be an addition to the present building.

Book Reviews

"STERILIZATION? BIRTH CONTROL?"—A Book for Family Welfare and Safety—By Helen MacMurchy, C.B.E., M.D. Published in Toronto by the MacMillan Company of Canada, Limited, 1934. 156 pages. Price \$1.50.

This is not a text book, nor yet propaganda, but an attempt to present from the medical point of view the facts in regard to two of the most vital problems facing the world to-day. In this volume, Doctor MacMurchy presents to the reader a summary of lay, clerical and medical viewpoints as well as existing legislation in connection with these much-talked-of subjects. The object of this book is to offer a sympathetic and impartial treatment of two of the most serious problems concerning human welfare.

* * *

"MEMORIES OF JANE A. DELANO," by Mary A. Clark, R.N. 70 pages, illustrated. Lakeside Publishing Company, New York, 1934. \$1.00 and \$1.75.

This excellent little brochure, written by a former classmate, is a fitting tribute to Miss Delano's organization of Red Cross nursing in the United States, and is of special interest to nurses and to friends of the nursing profession. The story covers Miss Delano's career as superintendent of nurses at Bellevue Hospital, and later during the organization of the Red Cross Nursing Service. This little book would make an interesting graduation present for student nurses.

* * *

"THE HOSPITAL MANUAL OF OPERATION," by Warren P. Morill, Ph.B., M.D. 315 pages, illustrated. Lakeside Publishing Company, New York, 1934. Cloth \$3.00.

This text book on the hospital field, by a prominent hospital administrator of wide experience, has been most carefully prepared and is a well written addition to the literature on this subject. It covers such topics as admission and discharge procedures, housekeeping, clinical records, fire protection, hospital organization, staff organization, accounting and public relations, and recommends itself to those readers seeking more up-to-date knowledge of hospital administrative procedure.

* * *

"ECONOMIES IN FOOD—QUANTITY RECIPES USING EVAPORATED MILK." Prepared by M. Faith McAuley and Mary Adele Wood of Institutional Economies, University of Chicago, 50 pages, 1934.

The necessity for reducing costs in food preparation has called attention to the saving to be made by the use of evaporated milk. Because of its non-perishable character, it finds a large use in institutions far from a milk supply, and the recipes contained in this book are presented in a most attractive manner and should be of real benefit to hospitals seeking economies of this type.

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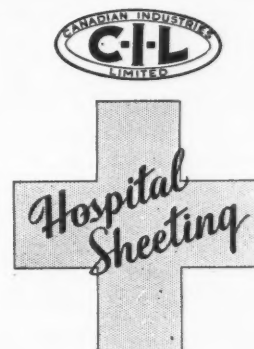
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Obituary

Dr. F. N. G. Starr

Dr. Frederic Newton Gisborne Starr, for four decades an outstanding figure of the medical profession of Toronto and Canada, who by his great skill as a surgeon and wide knowledge of medical jurisprudence had gained international fame and had won high place in the medical councils of this continent and in Great Britain, died at his home, 112 Warren Road, Toronto, on Saturday, April 21st, in his 67th year. He had been ill only a few days.

Dr. Starr was endowed with a dynamic personality, which enabled him to gain and retain the confidence of his patients in his treatment of their various ailments and helped them on the road to convalescence.

Dr. Starr was born at Thorold, Ont. He was a graduate of Victoria University and of the University of Toronto in 1889. After taking post graduate work in Great Britain and continental Europe, he commenced practice in Toronto and soon gained a high reputation as a surgeon. For many years he was on the staff of various hospitals and later was a valued consultant at the Hospital for Sick Children, Toronto General, the Western and St. John's hospitals. He was a professor of clinical surgery at the University of Toronto, a member of its senate and a governor.

The wide knowledge he gained by experience during his long years of practice Dr. Starr shared with the members of the profession. He was a councillor and one of the founders of the Ontario College of Physicians and Surgeons, also of the Academy of Medicine, Canadian vice-president of the British Medical Association, London, England, a Fellow of the American Surgical Society and the American College of Surgeons. He was a former president of the Canadian Medical Association, after having served for eight years as secretary and for many years as a member of its executive council.

During the Great War he served with distinction in the Royal Army Medical Corps and while in France, he was mentioned in despatches for gallantry and daring. He was decorated with the Order of the British Empire, Military Division.

Dr. Starr was a member of the York, Royal Canadian Yacht, Toronto Golf, Granite, Rosedale Golf and Toronto Hunt clubs.

He is survived by his wife, formerly Miss Anne Callander Mackay of New Glasgow, N.S., a sister of Mrs. W. D. Ross, wife of Hon. W. D. Ross, former Lieut.-Governor of Ontario and three brothers, J. R. L. Starr, K.C., and David E. Starr, both of Toronto, and George H. Starr, Chicago.

* * *

Dr. A. S. McElroy

The professional career of Doctor A. S. McElroy came to an untimely end with his death a few weeks ago in Ottawa. Born in 1869 at Richmond, Ontario, Doctor McElroy first graduated in Pharmacy, and in 1897 from the Medical Faculty of McGill University. Doctor McElroy was chairman of the Joint Advisory Committee of



THE LATE DR. F. N. G. STARR.

Ottawa Civic Hospital and a power in that institution. He was an authority on health matters in that city and had been president of the Ottawa Medical Chirurgical Society. It was as a family doctor that he found his real niche in life and rendered to the community a service of the sort which cannot be measured by any human yardstick. He was a physician of unusual skill and rare efficiency, and has left his imprint upon the community in which he labored so long.

* * *

Dr. G. C. Anderson

Death occurred on April 17th of Doctor George Church Anderson, medical adviser of the Montreal Life Insurance Company, and lecturer in the medical faculty of McGill University. Born in Central Square, New York State, 1892, Doctor Anderson chose to pursue his medical studies at McGill, whence he graduated in 1915. Doctor Anderson was on the staff of the Royal Victoria Hospital. He is survived by his widow and two children.

* * *

Dr. J. F. Goodchild

Doctor J. F. Goodchild, well-known surgeon, and superintendent of the Salvation Army Woman's Hospital, Toronto, died April 27th. Doctor Goodchild practised for more than 30 years in Toronto, and previous to that was assistant Medical Officer of Health in the City of Glasgow, Scotland.

1935 Congress of the I. H. A.

The fourth convention of this very active body is to be held in Rome in 1935, from May 5th to May 12th. The former meetings were held in Atlantic City, Vienna and Knocke in Belgium, and it is anticipated that this meeting in Rome will bring an attendance from all over the world.

Ovaltine is Now Sold in 54 Different Countries

In the year 1863, Dr. Wander and a college professor from the University of Berne, organized a technical research laboratory and distinguished themselves by their excellent work. From a group of doctors they received an assignment to conduct a research in nutrition with a view to finding an emergency food. These doctors specified the principles which the research men were to strive for. Fundamentally, they were that the finished product should be (1) complete, that it should nourish all parts of the body, (2) easily digested, as it was to be used in many stomach conditions, and (3) concentrated, because maximum nutritional value with minimum bulk was required. There were secondary considerations, such as (1) palatability, (2) convenience of preparation, (3) availability of raw materials, (4) economy, etc.

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Ovaltine is also unsweetened, and does not contain any common cane or beet sugar. It is flavored with a selected cocoa. It is approved by doctors the world over because it supplies the essential proteins, carbohydrates and minerals (calcium, iron and phosphorus) as well as the essential vitamins A, B and D. Used chiefly mixed in milk, hot or cold, it adds palatability, overcoming the frequent objection of the patient to milk by itself. It has the effect of breaking up the milk curd finely.

Ovaltine is strongly recommended as a harmless aid to sound, natural sleep and is used with medical approval in hospitals and sanatoria everywhere, and is now being sold to the people in more than 54 countries. It is being manufactured for the Canadian public in a modern and up-to-date plant under ideal sanitary conditions.

A free sample and interesting literature will be mailed to you on receipt of your name and address.

G. H. Wood Co. to Exhibit at Nurses' Convention

This Company are again putting on a comprehensive display of their diversified products at the Royal York Hotel, Toronto, on June 26th, 27th, 28th, 29th and 30th.

They would appreciate your visiting their Exhibit during the above mentioned dates.

Matthew O. Foley Honoured for Service to Hospitals

On behalf of the trustees of the American Hospital Association, Dr. Bert W. Caldwell, executive secretary, recently presented to Matthew O. Foley, editorial director, "Hospital Management," author of "Handbook of Hospital Management," and founder of National Hospital Day, a handsomely illuminated parchment Award of Merit for "distinguished services to hospitals everywhere."

The presentation took place at a dinner at the Union League Club, Chicago, at which Lewis Bernays, British Consul, was the principal speaker. Tributes to the value

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of National Hospital Day were paid by Mr. M. L. Harris, past president, American Medical Association; Dr. Hugh Scott, U.S. Veterans' Facility, Hines, Ill.; Asa S. Bacon, Presbyterian Hospital, Chicago; Veronica Miller, Henry Rotin Hospital, chairman A.H.A. National Hospital Day Committee; Howard E. Hodge, Decatur and Macon County Hospital, Decatur, Ill.; and Alden B. Mills, managing editor, "Modern Hospital." Paul H. Fesler, Wesley Memorial Hospital, former president, A.H.A., was toastmaster.

Please refer to THE CANADIAN HOSPITAL when writing

An Analysis of the Complexities of Hospital Construction

(Continued from page 8)

changes being made to-day that in hospital equipment the architect finds it essential to follow all current thoughts and movements in the medical field which may affect either the services or the equipment incidental thereto.

Extras to Contract

"Extras" is a byword in building construction, and are bound to arise in the average building project. Nevertheless if no changes are made after the contract is let, there is no reason why extras should appear on the horizon. Let us bear in mind that the owner has absolute control over extras, since it is the usual procedure to have a written order from the architect to the contractor, countersigned by the owner. It is good practice to provide in the building budget a sum for the unforeseen, and if it is not expended, so much to the good. Remember, hospitals *have* been built without extras.

Payments to Contractors

Payments to contractors for work done is provided for through the medium of statements being submitted to the architect at the beginning of each month by the contractor, together with a requisition for a payment on account according to the value of the work he has done. The architect verifies this statement (or otherwise) and issues a certificate to the owner advising that such and such an amount is due to the contractor. Where more than one contract is involved, he issues one for each separate contract, then payments are made according to the terms of the contract, which always provides for a certain percentage of each payment to be held back as a safeguard to the interests of the owner, unless some other arrangement is stipulated in the contract.

The architect also has the right to require the contractor to show receipts for payments of all materials and labor, thus protecting the owner against liens and other legal difficulties.

When the work is finally completed it is customary to allow a certain period to elapse before the architect issues the final certificate for payment, so that if any failure or unsatisfactory condition in the work develops through faulty workmanship or material, the contractor may be held responsible to put them right.

Generally

In conclusion it is essential to point out that with the rapid advance in building methods and the elaborate and complicated equipment of the modern hospital, the architect must adopt businesslike methods. The business organization of an architect's office to-day is just as much ahead of that of his predecessor of a decade ago as the modern business office is, possibly more so, and by the architect improving his business methods he is better able to give a more complete and intelligent service in handling the complicated problems arising from modern hospital construction.

Therefore the Board of Trustees must carefully consider all these qualifications in the selection of their architect for the project they have under review.

Hospital Aid News

(Continued from page 12)

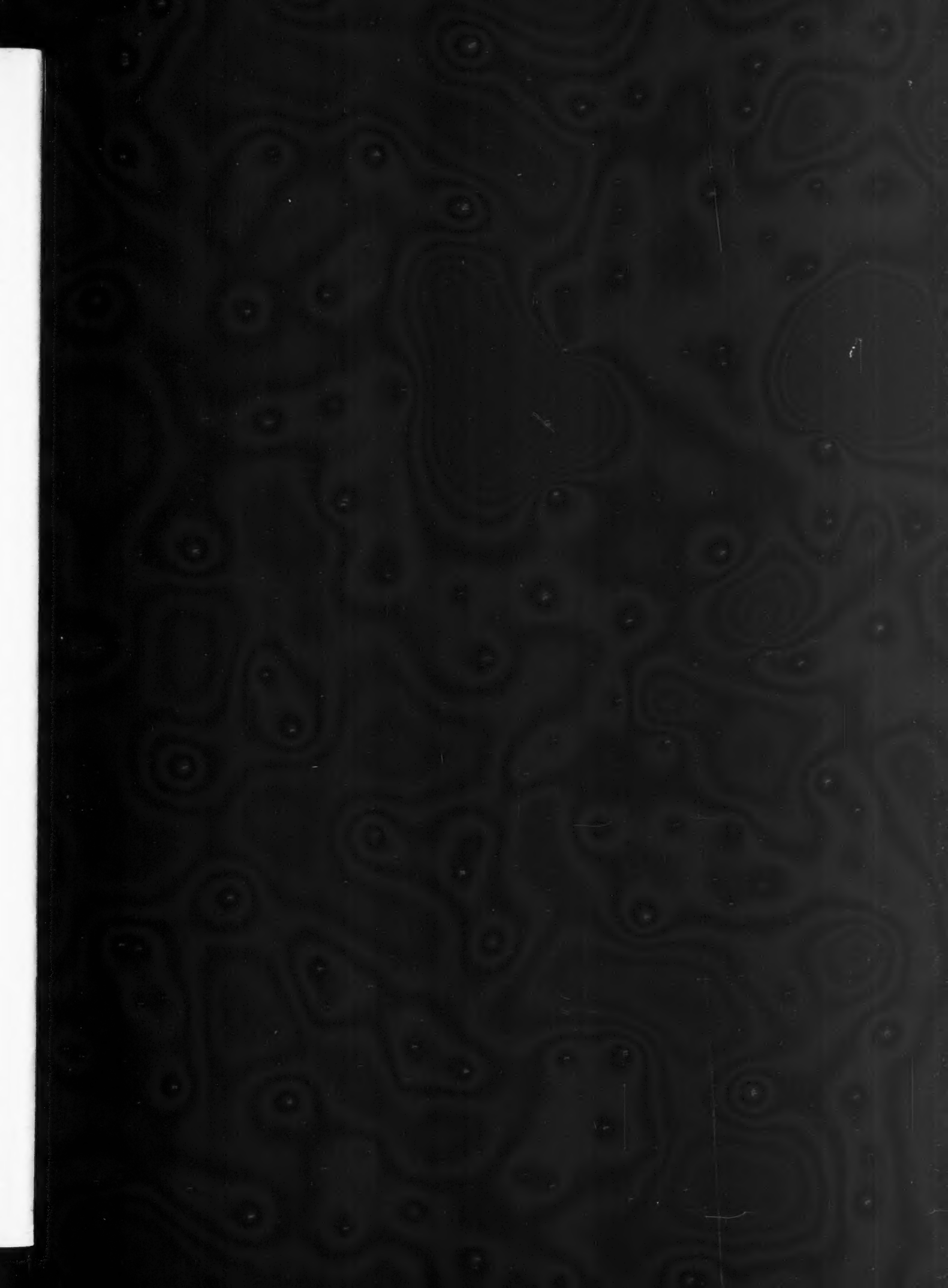
hospital in memory of the late Mrs. Edith De Gex McDonald, the first President of the Women's Hospital Aid of Strathroy, whose life, leadership and service in the community has left a beautiful and lasting memory. Doctor J. R. McCabe, the family physician, expressed from intimate knowledge, of the philanthropy and unselfish devotion given by this gracious woman during her lifetime to this community. Reverend S. H. Brown offered the dedicatory prayer, and Mrs. Duncan MacEachern, a former superintendent, unveiled the fountain. "To send up a perpetual flow of pure sparkling waters for all who wish to partake thereof, perpetuating a life of perpetual giving to aid mankind," is the very appropriate inscription on the fountain.

* * *

STRATFORD.—The superintendent of the hospital, Miss Zeta Hamilton, members of the staff, and representatives of the Women's Hospital Aid welcomed many visitors to the hospital on Saturday in observance of National Hospital Day. That the citizens are interested in the hospital was manifest by the large number who joined in the tour of inspection of the entire institution, which terminated very acceptably in the nurses' residence, where tea was served by the Hospital Aid with Mrs. D. D. Fraser as hostess. The guests were received by Mrs. A. C. McLeod, president, assisted by Mrs. A. E. Webb.

Index to Advertisers

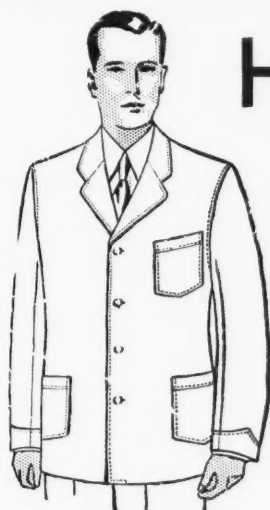
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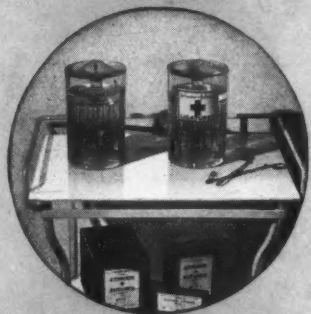
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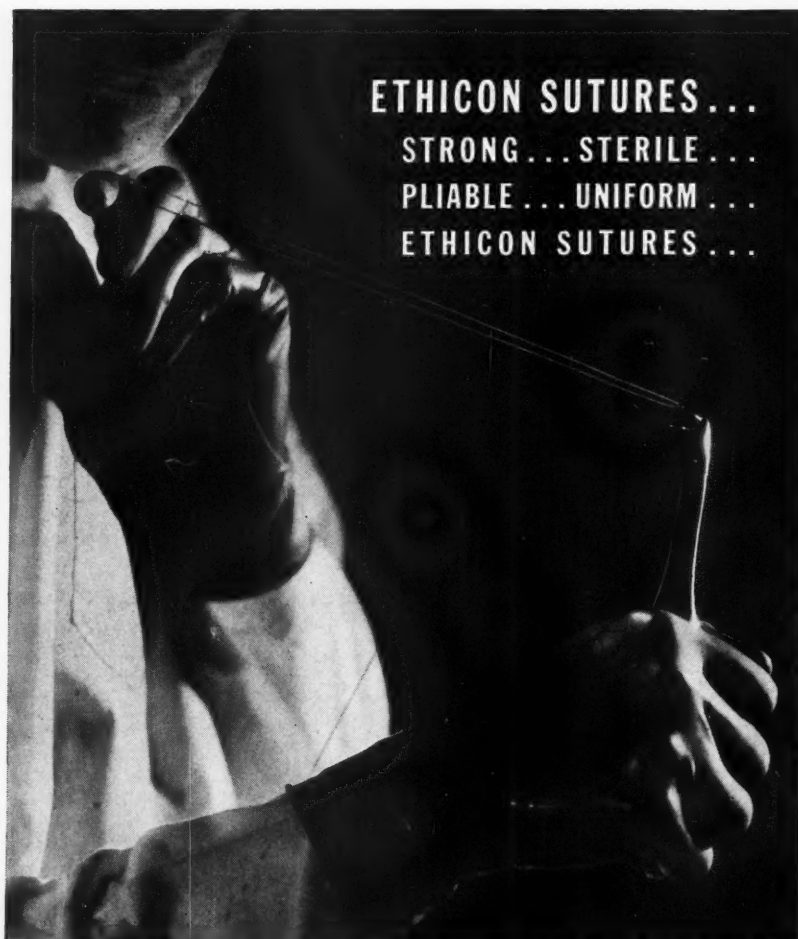
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